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INTRODUCTION

In the compilation of this Report for 1955 the liberty has been taken of introducing two innovations of considerable importance. The first is connected with the Report's designation. Up to the present time the Annual Report has been referred to as the "Medical and Sanitary Report" of the Zanzibar Protectorate. In view of modern trends, and in order to stress the preventive approach to medicine and the importance of placing the emphasis on Health rather than on Disease, the time has come to refer to a report on Departmental activities as the "Health Department Annual Report".

The second innovation is one which is thought desirable in view of the practice which has been growing over the years of sending copies of these reports to interested parties in places remote from Zanzibar. To those, little may be known of Zanzibar, and even less of Pemba and it is consequently considered worthwhile providing some simple "background" information without which much of what the Report contains would be unintelligible. The Report begins therefore with a brief section entitled "Background Information".

This Introduction would not be complete without recording with appreciation the good work done by the staff throughout the year, and in particular by those whose humbler duties seldom catch the public eye, yet who, day in and day out, have kept the Department going by their faithful, if unspectacular, service.

D. A. BAIRD,
Director of Medical Services

Zanzibar, 1st March, 1956



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1. Background Information

1.1 Zanzibar Protectorate consists of two islands—Zanzibar and Pemba. The former is about fifty miles long by twenty-five wide, and 640 square miles in extent, and the latter is about forty miles long by fifteen miles wide, having an area of about 380 square miles.

1.2 The climate is tropical and generally enervating. From December to March, when the North East Monsoon blows, it is hot and dry. In April and May the heavy rains occur while from June to October when the South West Monsoon blows it is coolest and driest. The average annual rainfall is about sixty inches in Zanzibar and seventy-three inches in Pemba.

1.3 The total population of the Protectorate as determined at the last census (1948) was approximately 265,000. Of this total, approximately 150,000 live in Zanzibar Island and 115,000 in Pemba.

1.4 The racial composition of the population was stated to be as follows:—

Europeans	...	296
Arabs	...	44,560
Indians	...	15,211
Africans	...	199,860
Others	...	4,235

1.5 The majority of the population live in the rural areas of the two islands, the only towns, with their approximate populations, being:—

Zanzibar	...	45,000
Wete (Pemba)	...	10,000
Chake Chake (Pemba)	...	3,500
Mkoani (Pemba)	...	1,000

1.6 The vast majority of the population profess the Muslim faith.

1.7 The majority of the people are engaged in agricultural pursuits and in fishing. Those in the towns are in public or private employment or in business and trading.

1.8 The staple diet of the rural communities is rice or cassava supplemented by fish, coconut, fruits and vegetables.

1.9 The country's revenue is derived chiefly from taxes on the export of cloves and copra, and from import dues.

1.10 With the exception of a small Nursing Home in Zanzibar Town, maintained by the Ismailia Khoja community, and a small Maternity Home, administered by the Zanzibar Maternity Association, all hospitals in the Protectorate are government institutions.

1.11 There are eleven private medical practitioners in Zanzibar island and three in Pemba.

1.12 There are no private dental practitioners.

1.13 There are six licensed druggists all of whom are established in Zanzibar Town.

1.14 The estimated Protectorate expenditure for 1955 was £2,469,704 of which £245,932 was devoted to Health representing approximately ten per cent. of the whole.

2. General Remarks

2.1 From the Health point of view the year 1955 was a satisfactory one. The usual commoner infectious diseases were reported but none assumed epidemic proportions. In May a case of what was thought to be alastrim was reported in Pemba. Quarantine measures were promptly taken and no further cases were reported. As there was a considerable amount of chickenpox about at the time it is possible that this was a case of mistaken diagnosis.

2.2 Trading conditions were favourable, the clove harvest proving better than average.

2.3 Food was generally plentiful, and there was a considerable easing in the price of imported rice which is for most people the staple, if it can be afforded.

2.4 The work of the Department was maintained despite staffing shortages in the first part of the year. Steady progress was made in connection with the Department's share of the Protectorate Development programme to which detailed reference is made in the body of the Report.

2.5 The biggest single event of the year was the opening of the new hospital in Zanzibar Town by His Highness the Sultan on 28th July. This hospital is built in saracenic style. It is of four storeys and has accommodation for 214 patients. It provides both free and paying wards. It has a well designed theatre unit on the third floor with twin theatres and a small orthopædic theatre adjoining. The X-ray unit is well appointed. There is a large kitchen on the top floor with all electric cooking from which food is supplied to the various floors by two electric food lifts. A constant hot water supply is provided in all wards, sanitary annexes etc. from a boiler room in the basement. There is also generous office accommodation in the administrative section on the ground floor. The cost of the hospital was approximately £152,982 of which £90,000 was donated by Her Majesty's Government and some £62,000 by Sir Tayabali Hassanali Karimjee. In recognition of this generous gift the hospital has been named after his father the "Hassanali Karimjee Jivanjee Hospital".

3. Staff

The Staff of the Department as at 31st December, 1955 was as follows:—

<i>Post</i>	<i>Approved Establishment</i>	<i>Actual Staff</i>	<i>Remarks</i>
Director of Medical Services	1	1	
Surgical Specialist	1	1	
Medical Officers	7	7	
Pathologist	1	1	
Medical Officers (E.A.)	1	2	One held against A.M.O. Estab.
Assistant Medical Officers	9	8	
Dental Surgeons	3	3	
Matron	1	1	
Superintendent Mental Hospital	1	1	
Sister Tutor	1	—	Vacant.
Nursing Sisters	10	8	Two vacancies.
Health Superintendent	1	1	
Pharmacist-Storekeeper	1	1	
Office Superintendent	1	1	
Assistant Laboratory Superintendent	1	1	
Assistant Health Superintendent	1	1	
Cashier	1	1	
Storekeeper	1	1	
Assistant Superintendent, Mental Hos- pital	1	—	Post abolished.
Senior Dispensers	2	2	
Senior Laboratory Assistant	1	1	
Senior Health Inspectors	4	4	
Senior Staff Nurses	4	2	
Staff Nurses	205	141	
Dispensers	5	5	
Laboratory Assistants	5	5	
Health Inspectors	26	16	
Clerks	16	16	
*Subordinate Staff	368	355	

*Includes Orderlies, Ayahs, Cooks, Messengers, Health Supervisors and Health Orderlies.

3.2 Until the middle of the year the Department was without a substantive Director, while during the year there were vacancies in the senior establishment for the following:—

3.2.1 A Medical Officer with experience in Tuberculosis.

3.2.2 A general-duty Medical Officer.

3.2.3 A Pharmacist-Storekeeper.

3.2.4 A Health Superintendent.

It is gratifying to report that by the end of the year all these posts had been filled.

3.3 The staff of Nursing Sisters though not up to establishment has so increased that it was recently possible to have a Nursing Sister on night duty in the Zanzibar Hospital. By the end of the year only two posts out of an establishment of ten Nursing Sisters were vacant.

A doctor has recently been encouraged to establish himself in private practice at Mkoani, Pemba. In response to representations by the local population this doctor has been engaged on a part-time basis to help the Staff Nurse in charge of the small seventeen-bed hospital there.

3.5 For the first time, also, a full time Dental Surgeon was posted to Pemba. The present holder of the appointment is a local Pemba man who recently returned from England after obtaining his R.C.S., L.D.S. qualifications. His particular responsibilities are to maintain a comprehensive School Dental Service and to attend to the needs of government officials. Thereafter when time permits his services are available to the general public. He pays regular visits to all three hospitals in Pemba.

3.6 The following departmental officers were the recipients of honours during the year.

Mr. R. H. Purnell, Surgical Specialist—
Brilliant Star of Zanzibar (3rd Class).

Dr. K. D. Young, Medical Officer—
Brilliant Star of Zanzibar (4th Class).

4. Visitors

4.1 The following visitors from overseas were shown various aspects of the Department's work.

Prof. P. C. C. Garnham, Colonial Medical Research Committee.

Dr. Wallace Fox, M.D., M.R.C.P., Medical Research Council, London.

Dr. K. A. T. Martin, M.D., Public Health Officer, Eastern Zone, W.H.O.

Dr. E. B. Weeks, M.R.C.S., L.R.C.P., D.P.H., Division of Malariology, W.H.O. Geneva.

Prof. H. G. Baity, Prof. of Public Health Engineering, University of North Carolina, W.H.O., Advisor on Environmental Sanitation.

Dr. J. C. R. Buchanan, C.M.G., M.D., F.R.C.P., Principal Medical Officer, Colonial Office, London.

Mr. W. A. C. Mathieson, C.M.G., M.B.E., Head of East African Department, Colonial Office.

Dr. C. A. Egger, Director A.E.R.O. UNICEF.

Mr. Steward Sutton, African Office, UNICEF.

5. Training

5.1 Overseas

5.1.1 One Medical Officer attended the D.T.M. & H. Course at Liverpool.

5.1.2 Early in January an Assistant Medical Officer was sent to England to take a post-graduate course leading to the Diploma in Ophthalmology. On his return, this Officer will be attached to the Surgical Unit of the Hassanali Karimjee Jivanjee Hospital and will undertake eye work as well as general surgery.

5.1.3 About the same time a young Zanzibari was sent to the United Kingdom to train as a radiographer, with the intention, that on his return he will operate and maintain the new X-ray Unit in the Hassanali Karimjee Jivanjee Hospital.

5.1.4 One of the women Assistant Medical Officers possessing a non-registrable qualification of Cairo University was permitted, at Government expense, to proceed to the United Kingdom to attend a course of study preparatory to sitting either the London Conjoint Examinations or those leading to the Licentiate of the Society of Apothecaries (L.S.A.).

5.1.5 In September, yet a third Assistant Medical Officer was awarded a W.H.O. Scholarship to attend a course of study for the Diploma in Public Health at St. Andrews University in Scotland. It is intended that this officer should later assume responsibility for some aspect of the Department's public health activities.

5.1.6 A second W.H.O. Scholarship was awarded to one of the Department's Senior Health Inspectors which enabled him to attend a six weeks' course in certain aspects of public health work at the London School of Tropical Medicine.

5.1.7 A recent Makerere Diplomate completed his internship at the Sewa Haji Hospital in Dar es Salaam in November and has since joined the service.

5.1.8 The one remaining Zanzibar student studying medicine at Makerere College has passed his third professional examination.

5.1.9 The first of a number of young men holding government scholarships to study medicine has recently returned from India having obtained the M.B.B.S. (Punjab). He has applied for a post in the Service.

5.1.10 There are twenty-seven young students from Zanzibar studying medicine overseas at the present time.

5.1.11 Dr. Tallack, Medical Officer of Health, attended the Second International Conference on Malaria at Lagos under the auspices of W.H.O.

5.2 Local Training

5.2.1 The training of Nurses at the Hassanali Karimjee Jivanjee Hospital continued throughout the year. This course is of three years duration. Both male and female trainees are accepted, the minimum educational qualification for entrance being Standard VIII. The training is an "in service" one during which the trainees are paid an allowance. A Sister tutor is responsible for the training assisted by other members of the hospital staff. Classroom work and demonstrations are conducted in the small training school adjoining the main hospital. During the year there were forty-six trainees made up as follows:—

1st year trainees	...	23
2nd year ,,	...	13
3rd year ,,	...	10

At the final examinations held in December of the ten who sat the examinations seven passed and have since been graded as Staff Nurses.

5.2.2 The training of midwives as such was abandoned and in its place it was decided to give midwifery training to selected female Staff Nurses. As a result of this decision three Staff Nurses sat and passed the midwives examination and were subsequently registered by the Midwives Board.

5.2.3 No training of Health Inspectors was possible during the year but a formal application for assistance from WHO and UNICEF with a project for the training of Health Inspectors and Rural Health Workers has been submitted and it is hoped that this much needed training work will be started on a sound basis in 1956.

5.2.4 The "in service" or apprenticeship training of Laboratory Assistants and Dispensers continued as usual. There are three Probationer Laboratory Assistants and one Probationer Dispenser in training at present.

6. Hospitals and Dispensaries

6.1 General Hospitals

6.1.1 There are three general hospitals in the Protectorate.

These with their respective bed states are as follows:—

Zanzibar Town	...	214 beds
Wete (Pemba)	...	78 beds
Chake Chake (Pemba)	...	65 beds

6.1.2 In addition to these there are three Dispensaries with beds.

These with their respective bed states are:—

Mkokotoni (Zanzibar Island)	...	13 beds
Selem (Zanzibar Island)	...	8 beds
Mkoani (Pemba)	...	17 beds

6.1.3 There are thus 398 general beds for a population of 265,000 or approximately 1.5 general beds to 1,000 of the population.

6.2 Dispensaries

There are eleven Rural Dispensaries in Zanzibar and nine in Pemba. All those in Zanzibar Island are readily approached by tarmac road, and it is possible to communicate with the majority by telephone through the local District Office. In Pemba communications are more difficult and in the case of several dispensaries the only motor transport which is able to reach them is a Land Rover.

In Zanzibar Island, in addition to those mentioned above which are truly rural in character, the Department maintains in the Zanzibar township, dispensaries in the Ngambo District (Raha Leo Dispensary), at Police Headquarters (Ziwani Dispensary) and at the Central Prison, where there is also a small hospital of twenty-seven beds. The attendants posted to the rural areas spend a considerable part of their time making regular visits to neighbouring schools, where in addition to giving the school children necessary attention they take the opportunity of talking to the scholars on health matters.

6.3 General Hospital and Dispensary Returns

6.3.1 The number of in-patients and out-patients (new cases) treated in the general hospitals are set out below the previous year's figures being shown alongside.

<i>Hospitals</i>			<i>In-patients</i>		<i>Out-patients</i>	
			<i>1954</i>	<i>1955</i>	<i>1954</i>	<i>1955</i>
Zanzibar Town	...	...	3,150	2,890	49,626	48,260
Wete	...	...	1,358	1,261	14,759	15,268
Chake	...	...	1,134	1,453	13,393	18,267
Mkoani	...	...	119	120	5,603	5,007
Selem	...	...	120	130	3,934	4,290
Mkokotoni	...	...	108	141	3,066	2,827
Total	...	...	5,989	5,995	90,381	93,919

6.3.2 The number of new cases treated at rural dispensaries was 80,611 compared with 54,299 in the previous year.

6.3.3 A study of the detailed sick returns for in-patients and out-patients shows the following diseases or disease groups to be the most common. The frequency with which these were seen is shown opposite.

<i>Disease</i>	<i>No. of cases</i>	<i>% of Total</i>
Affections of the respiratory system (excluding pulmonary tuberculosis)	23,933	13%
Malaria	18,083	10%
Injuries and wounds	11,758	6.7%
Affections of the Digestive System	11,269	6.2%
Tropical ulcer	10,391	5.8%
Ankylostomiasis	9,750	5.0%
Yaws	8,260	4.6%

These seven diseases or disease groups therefore account for more than half of all the sickness or disability seen during the year.

It is interesting to observe that within this group appear the two diseases, malaria and yaws for the control of which assistance has been sought from W.H.O. and UNICEF. The disappearance of these two diseases from the above list may therefore be in sight. On the other hand pneumonia, tropical ulcer and ankylostomiasis are likely to remain unless some more specific or short term answer to their control can be devised.

6.3.4 The commonest cause of hospitalisation was pneumonia in one or other of its various forms, while malaria takes second place in order of frequency. Hernias and hydroceles accounted for the majority of the operative surgical conditions, together totalling 534 cases. It is interesting to note the frequency with which fracture of the spine occurred. Out of a total of 150 fractures treated in hospital during the year, thirty or twenty per cent were due to this type of fracture. This accident is almost entirely of an occupational nature occurring amongst those who in the season are employed harvesting the clove crop.

6.3.5 Four hundred and twenty-five deaths occurred in hospitals during the year. This represents 6.1 per cent of the total yearly admissions. The commonest cause of death recorded was "senility" of which there were seventy cases but this is because the returns included admissions to the Walezo Home for the aged and indigent, sixty-seven of whom died during the year and were reported by the Sister in charge as having died of "Senility". If this figure is ignored for the purpose of the observations which follow the number of deaths was 335 and the most prevalent cause of death was tuberculosis there being thirty-five deaths from this condition constituting ten per cent of the total. If this figure is taken along with the "pneumonias" the number of deaths resulting from affections of the chest rises to the significant figure of nearly twenty per cent. The next most common cause of death, surprisingly enough, was acute intestinal obstruction due presumably to the late admission of cases of strangulated hernia. There were twenty-six deaths from this cause which, though seemingly considerable, only goes to show the prevalence with which hernias occur in the island. Thereafter injuries of various kinds including burns constitute the third most common cause and finally heart diseases which numbered fifteen or just over four per cent of all deaths.

7. Special Hospitals

7.1 *Holmwood Mental Hospital*

7.1.1 This hospital which has accommodation for 130 patients is situated on the outskirts of Zanzibar town. It is under the direction of a medical officer who visits the institution three times a week, or more often if necessary. The administration of the hospital is in charge of a fully qualified Mental Superintendent assisted by a staff of locally trained mental nurses and orderlies. During 1955 ninety-nine patients were admitted while sixty-six patients were discharged; both figures constituting an all time record. At the end of the year there were 187 patients under treatment, 64 of whom were women and 123 men. All new patients were vaccinated on admission, while a number of old patients were re-vaccinated. All were seen by a government dentist twenty-six of whom

required and received dental attention. All received regular malaria prophylaxis. Two hundred and seven cases of intercurrent disease were treated of which sixty-nine were ankylostomiasis. The number of deaths was fourteen representing 5.14 per cent of the total number of patients treated. The use of electro-convulsive therapy was continued, sixty-six per cent of the treatments resulting either in cure or considerable improvement.

7.1.2 Wood from the hospital estate supplied all the fuel for cooking; a month's supply of coconuts was harvested (1,550 nuts) and progress was made with the planting of a perimeter hedge of bouganvillea.

7.2 *Dole Tuberculosis Hospital*

7.2.1 This hospital of thirty-six beds is situated about eight miles from Zanzibar town on what is about the highest point of the Island. It is under the direction of a medical officer who visits it four times or more per week. A locally trained male staff nurse is in charge assisted by a second staff nurse and a number of hospital orderlies. The patients all of whom are male cases are admitted from the Tuberculosis Clinic in Zanzibar and as there are no radiological facilities at Dole these patients are often admitted in the first instance to the Hassanali Karimjee Jivanjee Hospital for preliminary investigation. Female tuberculosis cases are treated in the Hassanali Karimjee Jivanjee Hospital. In view of the limited accommodation at Dole a certain number of patients, and generally the more advanced cases, are admitted to Walezo Institution to which the medical officer-in-charge of tuberculosis makes regular visits. Regarding these three units as one for statistical simplicity, the total number of cases admitted in 1955 was 277. During the same period 104 patients were discharged either "cured" or sufficiently improved to justify out-patient treatment through the medium of the tuberculosis clinic. There were twenty-nine deaths the great majority of which occurred at Walezo.

7.2.2 There are no facilities for the institutional treatment of tuberculosis in Pemba but twelve beds are reserved at Dole Hospital for the treatment of patients referred by the District Medical Officer, Pemba.

7.2.3 Brief reference has been made in the preceding paragraph to the tuberculosis clinic which sees new cases on two days a week; on one other day a week "follow ups" are seen and out-patients receive pneumo-peritoneum "refills". The number of cases seen and treated at the clinic was 209 of which fifty-five were females.

7.3 *Walezo and Makondeni Leprosaria*

7.3.1 There are two leprosaria in the Protectorate, one in Zanzibar at Walezo, four miles from Zanzibar, and the other at Makondeni in Pemba. Each caters for approximately one hundred patients. Both are regularly visited by a medical officer who sees all admissions and discharges and regulates the treatment courses of D.D.S. A total of twenty-three new cases of Leprosy were admitted during the year, fifteen were discharged and two died. The admission rate therefore still exceeds the discharge rate but by a much smaller ratio than in previous years owing to the higher rate of discharges. In 1954 there were fifty-one admissions with only four discharges.

7.3.2 In addition to those cases referred to above ten cases of leprosy were under treatment in the Zanzibar Prison where facilities for isolation exist. On termination of the sentences such cases are admitted to Walezo for completion of their treatment.

7.4 *Infectious Diseases Hospitals*

7.4.1 The Infectious Diseases Hospital in Pemba was not commissioned during the year since there was no case of any major infectious disease.

7.4.2 In Zanzibar, the Infectious Diseases Hospital admitted eighty-three patients most of whom were suffering from a variety of minor complaints, not all of an infectious nature, as this hospital was used to a certain extent as an "overflow" for the old Zanzibar Hospital which had an insufficient number of beds. This Infectious Diseases Hospital has now been closed and the new thirty bedded unit on Changuu Island to which further reference is made in paragraph 13.6 will be available in future should an outbreak of any major infectious diseases occur.

7.5 *Walezo Home for Aged and Indigent*

This Institution like the Walezo Leprosarium is maintained by Government but staffed and administered by the Roman Catholic Mission. There were, at 31st December, 1955, 150 old and indigent people in the Home. The district medical officer when visiting the Leprosarium calls also at the Home to see to any who may be in need of medical attention. The Welfare Department staff make regular visits helping those with domestic problems and providing others with occupational therapy, while the Information Office provides entertainment in the shape of cinema shows. This Institution is in fact developing as an interesting experiment in geriatrics conducted jointly by the Health and Social Welfare Departments of Government.

8. **Specialised Services.**

8.1 *Maternity Services*

8.1.1 Each of the main hospitals has its quota of maternity beds. In addition to these there is a District Maternity Centre at Makunduchi forty miles from Zanzibar and a Maternity Home in Zanzibar run by the Zanzibar Maternity Association. The disposition of maternity beds in these various institutions with the number of confinements shown in brackets is as follows:—

Hassanali Karimjee Jivanjee Hospital ...	20 (481)
Wete Hospital	9 (225)
Chake Hospital	6 (94)
Makunduchi Maternity Centre	6 (228)
Mwembeladu Maternity Home	8 (481)

The total number of confinements conducted at these centres was 1,509.

8.1.2 Antenatal clinics are conducted weekly at all the hospitals referred to in the previous paragraph and a woman doctor visits the dispensaries at Mkokotoni, Selem and Mwera every week where she sees antenatal cases as well as women and children suffering from general complaints. Abnormal cases seen at these dispensaries are referred to Zanzibar. A total of 1,357 women attended these antenatal clinics during the year.

8.2 Dental Services

8.2.1 The dental establishment was strengthened by the arrival in January of a Dental Surgeon who had recently obtained his dental qualification in England. There are thus three fully qualified dental officers in the Service—two of whom are in Zanzibar and one in Pemba. These officers attend to the needs of officials, their wives and children and maintain a School Dental Service in respect of all government schools. This entails a considerable amount of travelling.

8.2.2 At the Hassanali Karimjee Jivanjee Hospital an "Extraction Clinic" is held three times a week at which 13,872 extractions were performed during the year.

8.2.3 Towards the end of the year a start was made with a new project for the training of Rural Dispensary Attendants in the technique of simple extraction work using local anæsthesia. It is hoped as this project develops that these Attendants will be able to assist the dental officers especially in connection with School Clinics in the rural areas.

8.3 School Medical Services

8.3.1 In Zanzibar Island the School Medical Service is the responsibility of the Medical Officer in Charge of district work. In view of his other commitments he can only devote one day a week to school medical examinations. During the year eleven schools were visited, the total number of examinations made being 1,731. At these visits all scholars who did not already show evidence of successful **vaccination were vaccinated**. Of the 1,731 scholars examined 1,277 had not been previously vaccinated. This is because admission to rural schools, unlike those in urban areas, is not yet conditional on the production of a valid vaccination certificate.

8.3.2 45.5 per cent of the students examined at Kinyasini School had symptoms of bilharziasis, thirty-four per cent of all children examined had enlarged spleens and over fifteen per cent showed definite clinical evidence of anæmia. In all cases where treatment is indicated the headmaster is asked to refer the child to the nearest hospital or dispensary.

8.3.3 In Pemba the shortage of Medical Officers made it impossible to make a routine medical examination of all school children but when time permitted a number were seen and vaccinated in the schools around Wete.

8.4 Laboratory Services

The main pathological laboratory is situated in Zanzibar Town where it shares premises with the Public Health Office and the Agricultural Laboratory. There is, also a sub-unit of this laboratory at Wete in Pemba which is in charge of a locally trained Laboratory Assistant. The total number of investigations undertaken by this service during the year was 52,036 made up as follows:—

				Zanzibar		Pemba
Parasitological	...	...	...	23,308	...	5,135
Serological	...	...	...	2,360	...	488
Bacteriological	...	...	...	7,854	...	1,260
Biochemical	...	...	...	6,279	...	2,405
Haematological	...	...	...	2,037	...	852
Medico-Legal	...	...	...	23	...	3
Post-mortem	...	...	...	22	...	—
Miscellaneous	...	...	...	10	...	—
Total				41,893	...	10,143

8.5 Surgical Services

8.5.1 While medical officers in charge of hospitals are required to deal with surgical emergencies in the absence of a Surgical Specialist and to undertake simple routine surgical work, Government maintains a Specialist Surgical Officer on the establishment of the Hassanali Karimjee Jivanjee Hospital who is responsible for the surgical unit of approximately eighty beds. All surgical work of a specialised nature is referred to him from other hospitals and periodically he visits Pemba where he sees surgical patients in consultation with the medical officers at Wete and Chake Chake and holds operating sessions. In the Hassanali Karimjee Jivanjee Hospital he is assisted by an assistant medical officer. The new hospital is provided with twin theatres which allows of longer operating lists as each is used alternately. During the year a duplicate set of theatre instruments was provided which will allow both theatres to operate simultaneously when it becomes possible to increase the theatre staff. This is an urgent necessity in view of the amount of “interval” surgery which tends to accumulate, of which hernias and hydroceles are the most common.

8.5.2 In the absence of a specialist anæsthetist much of the work is done under spinal anæsthesia or with the help of a simple type of general anæsthetic the administration of which the ordinary medical officer is normally capable. It is not therefore possible to undertake operations demanding specialised forms of anæsthesia and when such cases arise these have to be sent to the mainland.

8.5.3 The total number of operations performed during the year were as follows:—

Zanzibar	...	Major operations	...	674
„	...	Minor	„	1,510
Wete	...	Major	„	127
„	...	Minor	„	653
Chake Chake	...	Major	„	60
„	...	Minor	„	1,350
Total				4,374

8.6 Ambulance Services

8.6.1 The Department has for some years maintained an ambulance in each island. Owing to increasing demand made on this service a new landrover ambulance was approved in the 1955 estimates and this arrived on 1st October, 1955 and has now gone into commission as the ambulance for the rural areas of Zanzibar Island.

8.6.2 After the arrival of the new ambulance, the Pemba ambulance, which is subjected to considerable wear and tear, was completely overhauled and is now in use in Zanzibar Island while the old Zanzibar ambulance is doing service in Pemba.

8.6.3 During the year the Zanzibar vehicles responded to 1,122 calls for assistance and the Pemba ambulance to 139. Of the Zanzibar total 302 trips were made to the rural areas.

9. Communicable Diseases

9.1 General

There were no outbreaks of any major communicable disease during the year and it was not therefore necessary to call into commission the quarantine station on Changuu Island.

9.2 Smallpox

One case of what was thought to be alastrim was seen in Pemba and all necessary precautions were taken. No further cases were however reported and in view of the prevalence of chickenpox in the island at the time it is thought there may have been an error in diagnosis. The report therefore has since been discounted. Facilities for vaccination against smallpox were available as usual at Zanzibar, Wete, Chake Chake and Mkoani. The majority of those seeking vaccination were persons requiring a certificate for travel purposes. It is not considered that the indigenous population are as yet generally aware of the value of vaccination as a protection against smallpox. A total of 28,996 vaccinations were performed during the year.

9.3 Yellow Fever

The Zanzibar Protectorate is a Yellow Fever Receptive Area while the neighbouring mainland territories are all within the delineated Yellow Fever Area. This means that all persons entering the Protectorate from the mainland must be in possession of valid yellow fever inoculation certificates. Thus all Zanzibar residents who visit the mainland, of whom there are very many, require to provide themselves with certificates. The result is that 16,859 yellow fever inoculations were performed in 1955. A charge of Shs. 1/50 was formerly made for this service, but it has recently been decided to waive the charge. Yellow fever inoculation like smallpox vaccination is therefore a free service. The Aedes Index as ascertained by house-to-house searching in the town of Zanzibar remained at the low figure of 0.04 per cent.

9.4 Malaria

9.4.1 This continues to be the most prevalent single disease in the Protectorate, where the condition is generally endemic, while in many places it attains levels of hyperendemicity. Control of the disease has been confined largely to the urban areas where antilarval methods are widely employed, and where considerable attention is given to the provision and maintenance of sound drainage systems. This control work is costly in men and materials and in 1955 £5,800 was voted for the purpose. It is planned early in 1956 to introduce a new method of control for the town of Zanzibar by the spraying of a *cordon sanitaire* across the base of the triangular promontory on which the town is situated, using a residual insecticide. It is believed this will prove an effective control measure and should be considerably less expensive than the methods presently in use.

9.4.2 With a view to controlling or even possibly eradicating the disease a request has been submitted to W.H.O. and UNICEF for assistance with a malaria survey and a residual spraying project of the two islands and towards the end of the year a detailed plan of operations was prepared and has been officially submitted. It is hoped assistance will be forthcoming in 1956/57. Meanwhile prophylactic chemotherapy is generally advocated and all government officials and their wives and families are given a free issue of paludrine, while in the government schools all scholars receive regular drug prophylaxis. Despite these measures malaria still tops the list of diseases treated at hospitals and dispensaries.

9.5 Tuberculosis

9.5.1 Tuberculosis is undoubtedly the most serious condition affecting the townspeople and in view of the development in recent years of road services in the Protectorate contacts between the rural and urban communities is much closer than formerly, thus contributing towards the spread of tuberculosis in the country districts. It has not been possible as yet to assess the position fully but it is hoped this will be done when at the request of the Government a W.H.O. Tuberculosis Survey Team visits the Protectorate in 1957-58. Meantime departmental policy is directed towards the adequate provision of beds for the proper care and treatment of those already affected by the disease; the following up of contacts through the Tuberculosis Clinic with the co-operation of health inspectors; the Mantoux testing of contacts and the subsequent vaccination with B.C.G. of negative reactors; and, on the Public Health side, the improvement in living and working conditions of the townspeople.

9.5.2 The Tuberculosis Clinic moved into new quarters just as the year was closing. Over £800 was spent on equipment for it during 1955 including a fluoroscope unit. Patients are, on the whole, co-operative and attend regularly for "refills" and routine checks. In the hospital, streptomycin and isoniazid have been the drugs of choice but in view of the increasing numbers of patients and the increasing cost of treatment a series of cases is now being treated with isoniazid and relatively short

courses of streptomycin after which P.A.S. is substituted. Collapse Therapy either by phrenic crush, or artificial pneumoperitoneum is used in support of drug therapy.

9.6 *Schistosomiasis*

Bilharzia is prevalent in Pemba and in certain parts of Zanzibar. In paragraph 8.3.2 reference has already been made to its incidence in one of the rural schools in Zanzibar. Nevertheless relatively few cases are reported from hospitals and little importance is attached to it by medical officers. It is perhaps significant that the District Medical Officer, Pemba, in his Annual Report does not mention the condition. It is thus difficult to assess the part schistosomiasis plays in the general picture of morbidity. One thing which is required is a really efficient specific remedy which can be given safely by mouth. Until this is found treatment of the disease will remain a problem.

9.7 *Yaws*

This condition though believed to be on the decline is still commonly reported from rural dispensaries. It is, like the foregoing disease, more common in Pemba. Early in 1955 the Protectorate was visited by Dr. C. J. Hackett, W.H.O. Adviser on Yaws, and a quick survey by him led to the conclusion that there were probably about 25,000 active cases. On his recommendation a provisional request for assistance with a Yaws Control Campaign was submitted to W.H.O. and later a plan of operations was prepared for formal consideration. This project has, however, been given a low priority and it is unlikely that it will be undertaken, if approved, before 1958-59. Meanwhile it has been possible to make penicillin freely available for the treatment of yaws and this is now supplanting the use of bismuth and the arsenicals.

9.8 *Leprosy*

For convenience this disease has been dealt with under paragraph 7.3. It should however be noted that the effects of the introduction of sulphate treatment are now beginning to make their appearance and it is anticipated that a gradual diminution in the Leprosaria population will result.

9.9 *Ankylostomiasis*

Ankylostomiasis takes third place in the order of prevalence with which the communicable diseases are seen at hospitals and dispensaries surpassed only by malaria and yaws. While cases are treated as they arise the problem has yet to be tackled, being largely one affecting the rural population. It is hoped to develop a more vigorous preventive policy when the training of Rural Health Workers referred to in paragraph 5.2.3 gets under way.

9.10 *Filariasis*

Filaria bancrofti is a common parasite and cases of clinical filariasis are frequently seen. It has been suggested that in these parts the vector may be an anopheline mosquito in which case the malaria control project might at the same time rid the Protectorate of this disease.

10. Hygiene and Sanitation

10.1 *Refuse Disposal*

The Department is responsible for the disposal of refuse in the four towns, Zanzibar, Wete, Chake and Mkoani. In Zanzibar in so far as funds have been available a twice daily sweeping of the major streets has been attempted. In the back streets however this has not been possible, and by afternoon there is a fresh accumulation of rubbish. This state of affairs will continue until the people learn tidier and more cleanly habits. The practice of throwing rubbish into the street in the belief that it is a government responsibility to sweep it up is generally prevalent in certain areas of the town. Those who use a bin and thereby conserve their refuse for collection are very much in the minority. The refuse is disposed of by controlled tipping where a valuable piece of swamp reclamation is in progress. It is interesting to note that the weight of household refuse removed over the year was approximately 39,000 tons or considerably more than 100 tons a day. A new refuse truck purchased during the year has greatly assisted the removal of refuse.

10.2 *Housing*

10.2.1 In the towns the Health Inspectors have worked hard to encourage the building of a better and more sanitary type of hut. On their rounds they note those buildings which are in an insanitary state and endeavour to persuade the owners to effect improvements. Where the owner proves un-co-operative, notices are served. One of the ways in which the Health Inspector offers valuable assistance is to see that as new huts go up they conform to the plan approved by the Building Authority. This is a heavy responsibility in view of the large number of new houses being erected, particularly in Zanzibar and Wete. In Zanzibar Town alone 621 new huts were in the course of erection in 1955 as compared with 330 in the previous year while nearly 1,500 applications for repairs to existing huts were dealt with.

10.2.2 It is interesting to note that throughout the Protectorate there has evolved a simple but satisfactory design consisting of four rooms with outside kitchen and latrine which is now the accepted type of low cost housing. In its cheapest form it is made of wattle and daub with palm-leaf roofing and mud floor, while the more expensive variety may have stone walls, cement floor and corrugated iron roof. During the year Government has laid out an extensive new building area in Zanzibar Town complete with water and road services and most of the plots have been eagerly taken up.

10.3 *Inspection of Premises*

Another of the Health Inspector's duties is the inspection of lodging houses, eating houses, dairies, bake houses and laundries.

While the standard obtaining generally in the towns in respect of these premises is low compared with those in the United Kingdom it is encouraging to observe that the public tend to patronise those which are

endeavouring to provide a higher standard of hygiene. Licensed hawkers of food are supervised and all their utensils are approved and stamped by the Health Office before use. All milk for sale in the town passes through a central depot where regular tests are made. Sixty-four convictions were obtained during the year in respect of milk, below standard, exhibited for sale. Foodstuffs exposed for sale were inspected, and condemned if found unfit for human consumption.

10.4 Rat Control

Being a seaport a vigorous programme of rat destruction has always been maintained in Zanzibar but despite the amount of trapping undertaken the catches are generally disappointing. During the year 165,620 traps were set and 4,312 rats were caught. Supplies of "warfarin" have recently been ordered and it is proposed early in 1956 to experiment in its use particularly in the port area of the town of Zanzibar.

11. Prisons

11.1 The Central Prison is situated in Zanzibar Town, and there are four Prison Camps in various parts of the Island. The Central Prison has a staff nurse in charge of the Hospital and Dispensary Unit and the district medical officer visits it twice weekly. Similarly the Prison Camps are visited regularly by Rural Dispensary Attendants from nearby dispensaries and the District Medical Officer makes regular fortnightly inspections.

11.2 In Pemba, there is a prison at Wete, and this is in charge of the District Medical Officer, who pays a weekly visit of inspection with the Wete health inspector. The prison being close to the hospital, sick prisoners parade daily at the out-patient department. All prisoners are examined on admission by the visiting doctor.

11.3 The prison doctors report that during 1955 the state of health of prisoners was generally satisfactory. The number admitted to the Prison Hospital in Zanzibar was 108. There were no outbreaks of infectious disease. The hygiene of the camps has also been reported as satisfactory. In two of these the old dormitories have been replaced by new buildings of a more permanent type with cement floors and these are a considerable advance on the older type of wattle and daub building. Some difficulty has been experienced over latrines and a new type is now being given a trial.

12. Port Health Work

12.1 Zanzibar is the main port of the Protectorate at which all ships, and ships' passengers are cleared on arrival. Declarations of Health are demanded from all ocean going vessels and coastal shipping, and valid certificates of vaccination against smallpox and inoculation against yellow fever are required of all passengers and crews. Under a Government Notice published in 1953 certain coastal vessels are permitted to proceed direct to the Port of Wete in Pemba where clearance is effected by the Health Inspector stationed there. All other shipping must first receive pratique in Zanzibar.

12.2 During the year 628 ships and 1,185 dhows were cleared in the Port of Zanzibar and a total of 19,979 passengers arrived by sea. In Pemba 130 vessels were cleared and 604 passengers were disembarked.

12.3 At Zanzibar Airport there were 1,991 aircraft arrivals bringing a total of 15,864 passengers into the Protectorate. All these had their health documents checked by a member of the Health staff.

12.4 During checking both at the seaport and the airport in Zanzibar the following arrived either without the necessary health documents or with time expired certificates:—

Ship and dhow passengers ...	1,047
Air passengers ...	136

In such cases passengers are required to lodge a deposit with the Health Officer which is later refunded on their presenting themselves at the inoculation and vaccination centre.

12.5 It was necessary to impose quarantine measures on any passengers arriving during the year.

13. Building and Construction etc.

13.1 Zanzibar Group Hospital—the Hassanali Karimjee Jivanjee Hospital

Reference has already been made to the opening of this new hospital in July, 1955 and it has been briefly described in paragraph 2.5.

Work has since continued on the layout of the hospital grounds and its approaches. A car park in front of the building for visitors' cars and for taxis has been provided. Service roads within the grounds have been put down in tarmac and there is provision for the laying out of the grounds during the next rainy season in accordance with a plan prepared by a landscape architect.

13.2 At Wete Hospital in Pemba a new laundry has been built and is now in commission. The old laundry has been made into a much needed store, and one of the rooms adjacent to the X-ray unit has been converted to a dental surgery.

13.3 At Chake Chake Hospital in Pemba, new high-level water storage tanks have been erected and a satisfactory water supply is now available.

13.4 At Mkoani in Pemba, a new six bed Maternity Centre and a midwife's house have been built. Most of the equipment for this unit has been generously provided by the World Health Organisation. It is hoped to open this new Centre early in 1956.

13.5 Two new three-roomed dispensaries with Dispensary Attendant's house adjoining have been built in Pemba, at Chonga and Chambani, and one similar Unit was built in Zanzibar Island at Unguja Ukuu. These are permanent buildings which are designed to serve as the basis for the development of Rural Health Services.

13.6 The Infectious Diseases Hospital in Zanzibar Town which was old and fit only for demolition has been abandoned. In its place certain of the buildings on Changuu Island in the harbour have been added to and renovated at a cost of £3,000 to provide a well appointed Infectious Diseases Hospital of thirty beds. This unit has still to be equipped.

14. Stores

14.1 Reference has already been made under Staffing to the arrival early in the year of a Pharmacist-Storekeeper. Under his guidance a general review of stocks has been undertaken while recently a departmental committee was established to prepare a standard list of drugs, dressings, instruments, hardware and other items of hospital equipment for future publication and as a guide to those officers responsible for the preparation of indents.

14.2 The Hassanali Karimjee Jivanjee Hospital obtains its supplies from stores weekly; dispensaries and hospitals in Zanzibar Island monthly; while Pemba hospitals submit their requisitions half yearly. The Pemba dispensaries, in turn, receive their requirements as a monthly issue from their district hospital.

14.3 Though emergency supplies may be purchased locally from time to time, the great bulk of the supplies are obtained by indenting on the Crown Agents for Oversea Governments and Administrations. Generally speaking, orders are on the whole promptly executed but there still appears to be considerable difficulty in obtaining shipping space, which means that seven or eight months often elapse between the placing of an order and the receipt of the goods. Because of this it is necessary to submit indents early in any one financial year in order to avoid the charges being carried over to the next.

14.4 The lack of storage space and the general unsuitability of the stores building has been a matter for adverse comment by the Principal Auditor for some time. It is hoped, however, that in 1956 a new stores building will be provided under the Development Programme.

RETURN OF DISEASES: IN-PATIENTS, 1955

Code	List No.	Diseases	Remaining in Hospital at end of Dec. 1954	Total cases	Deaths	Remaining in Hospital at end of Dec. 1955
<i>General Infectious and Parasitic Diseases</i>						
001,008	A 1	Respiratory Tuberculosis ...	69	230	31	95
010	A 2	Tuberculosis of Meninges and Central Nervous System ...	—	3	2	—
011	A 3	Tuberculosis of Intestines, Peritoneum and Mesenteric Glands ...	—	1	1	—
012,013	A 4	Tuberculosis of bones and joints ...	1	3	—	—
014,09	A 5	Tuberculosis—all other forms ...	1	3	1	—
020	A 6	Congenital Syphilis ...	—	—	—	—
021.0.021.1	A 7	Primary Syphilis ...	2	3	—	—
021,2-021,4	A 7	Secondary Syphilis ...	—	11	—	—
024	A 8	Tabes Dorsalis ...	—	—	—	—
025	A 9	General Paralysis of Insane ...	—	—	—	—
022,023	A 10	Cardio Vascular Syphilis ...	—	—	—	—
026-029	A 10	All other Syphilis ...	1	7	1	—
030,031	A 11	Gonorrhoea, Genito-Urinary ...	1	19	—	—
033	A 11	Gonococcal infection of eye ...	—	2	—	—
032,034,035	A 11	Other Gonococcal infections ...	—	12	—	—
040	A 12	Typhoid Fever ...	—	3	1	—
041,042	A 13	Salmonella Infections ...	—	—	—	—
043	A 14	Cholera ...	—	—	—	—
044	A 15	Brucellosis ...	—	—	—	—
045	A 16	Bacillary Dysentery ...	—	67	3	3
046	A 16	Amoebiasis ...	—	30	—	2
047,048	A 16	Other unspecified Dysentery ...	1	26	—	5
050	A 17	Scarlet Fever ...	—	1	—	—
051	A 18	Streptococcal Sore Throat ...	—	17	—	—
052	A 19	Erysipelas ...	—	—	—	—
053	A 20	Septicaemia and Pyaemia ...	—	—	—	—
055	A 21	Diphtheria ...	—	2	—	—
056	A 22	Whooping Cough ...	—	1	—	—
057	A 23	Meningococcal Infections ...	—	1	1	—
058	A 24	Plague ...	—	—	—	—
060	A 25	Leprosy ...	88	26	2	187
061	A 26	Tetanus ...	—	23	4	1
062	A 27	Anthrax ...	—	—	—	—
080	A 28	Acute Poliomyelitis ...	—	2	—	—
082	A 29	Acute infectious Encephalitis ...	—	—	—	—
081,083	A 30	Late Effects Poliomyelitis and Infectious Encephalitis ...	—	—	—	—
084	A 31	Variola major ...	—	—	—	—
084	A 31	Variola minor ...	—	2	—	—
085	A 32	Measles ...	—	38	—	—
091	A 33	Yellow Fever ...	—	—	—	—
092	A 34	Infectious Hepatitis ...	—	42	1	1
094	A 35	Rabies ...	—	—	—	—
100	A 36	Louse-borne Epidemic Typhus ...	—	—	—	—
101	A 36	Flea-borne Endemic Typhus ...	—	—	—	—
104	A 36	Tick-borne Typhus ...	—	1	—	—
N.O.S.						
102-108	A 36	Other Rickettsial Diseases ...	—	2	—	—
110	A 37	B.T. Malaria ...	1	18	—	1
Carried forward ...			165	596	48	295

Code	List No.	Diseases	Remaining in Hospital at end of Dec. 1954	Total cases	Deaths	Remaining in Hospital at end of Dec. 1955
		Brought forward ...	165	596	48	295
111	A 37	Qt. Malaria ...	—	—	—	—
112	A 37	S.T. Malaria ...	—	335	5	8
115	A 37	Blackwater Fever ...	—	3	—	—
N.O.S.						
113-117	A 37	Other Forms of Malaria ...	—	46	2	4
123.0	A 38	Schistosomiasis (haematobium) ...	4	81	—	3
123.1	A 38	Schistosomiasis (mansoni) ...	—	1	—	—
123.2	A 38	Schistosomiasis (japonicum) ...	—	—	—	—
123.3	A 38	Other Unspecified Schistosomiasis ...	—	—	—	—
125	A 39	Hydatid Diseases ...	—	1	—	—
127	A 40	Onchocerciasis ...	—	—	—	—
127	A 40	Loiasis ...	—	—	—	—
127	A 40	Filariasis (bancrofti) ...	4	4	—	—
127	A 40	Other Filariasis ...	—	47	3	3
129	A 41	Ankylostomiasis ...	1	34	—	3
126	A 42	Tapeworm and other cestode in- festation ...	—	—	—	—
130.0	A 42	Ascariasis ...	—	13	1	—
130.3	A 42	Guineaworm ...	—	—	—	—
N.O.S.						
124-130	A 42	Other diseases due to Helminths ...	—	1	—	—
037	A 43	Lymphogranuloma Venereum ...	—	—	—	—
038	A 43	Granuloma Inguinale ...	—	—	—	—
039	A 43	Other Unspecified Venereal Dis- eases ...	—	—	—	—
049	A 43	Food Poisoning, infective and toxic (excepting Salmonella infections) ...	—	—	—	—
071	A 43	Relapsing Fever ...	—	—	—	—
072	A 43	Weil's Diseases ...	—	—	—	—
073	A 43	Yaws ...	1	63	—	—
087	A 43	Chickenpox ...	—	37	—	—
090	A 43	Dengue ...	—	—	—	—
095	A 43	Trachoma ...	—	—	—	—
096.7	A 43	Sandfly fever ...	—	—	—	—
120	A 43	Lieshmaniasis ...	—	1	—	—
121.0	A 43	Trypanosomiasis (gambiense) ...	—	—	—	—
121.0	A 43	Trypanosomiasis (rhodesiense) ...	—	—	—	—
121.2	A 43	Other Unspecified Trypanoso- miasis ...	—	—	—	—
131	A 43	Dermatophytosis (Tinea) ...	—	—	—	—
135	A 43	Scabies ...	—	16	—	3
N.O.S.						
036-122	A 43	Other infectious and protozoal di- seases ...	—	5	—	—
N.O.S.						
132-138	A 43	Other Parasitic diseases ...	—	2	—	—
<i>New Growths</i>						
140-148	A 44	Malignant Neoplasm Mouth and Pharynx ...	—	—	—	—
150	A 45	Malignant Neoplasm of Oeso- phagus ...	—	1	—	—
151	A 46	Malignant Neoplasm of Stomach ...	—	11	2	1
152,153	A 47	Malignant Neoplasm of Intestine ...	—	2	—	1
154	A 48	Malignant Neoplasm of Rectum ...	—	—	—	—
161	A 49	Malignant Neoplasm of Larynx ...	—	—	—	—
162,163	A 50	Malignant Neoplasm of trachea, bronchus and lung not specified as secondary ...	—	1	1	—
		Carried forward ...	175	1,301	62	321

Code	List No.	Diseases	Remaining in Hospital at end of Dec. 1954	Total cases	Deaths	Remaining in Hospital at end of Dec. 1955
		Brought forward ...	175	1,301	62	321
170	A 51	Malignant Neoplasm of breast ...	1	—	—	—
171	A 52	Malignant Neoplasm of cervix uteri	—	4	—	—
172-174	A 53	Malignant Neoplasm of other un- specified parts of uterus ...	—	—	—	—
177	A 54	Malignant Neoplasm of prostate ...	—	2	—	—
190,191	A 55	Malignant Neoplasm of skin ...	—	—	—	—
196,197	A 56	Malignant Neoplasm of bone and connected tissue	—	2	—	—
N.O.S. 155-199	A 57	Malignant Neoplasm of all other and unspecified sites	—	11	3	—
204	A 58	Leukaemia and Aleukaemia ...	—	1	—	—
200-203,205	A 59	Lymphosarcoma and other neo- plasm of lymphatic and haema- topoietic systems	—	8	—	—
210-239	A 60	Benign Neoplasms and unspecified neoplasms	1	10	—	—
<i>Allergic, Metabolic and Blood Diseases</i>						
250,251	A 61	Nontoxic goitre	—	—	—	—
252	A 62	Thyrotoxicosis	—	—	—	—
260	A 63	Diabetes Mellitus	1	40	—	1
280	A 64	Beriberi	—	1	—	—
281	A 64	Pellagra	—	—	—	—
282	A 64	Scurvy	—	—	—	—
286.6	A 64	Kwashiorker	—	9	2	1
283-286	A 64	Other deficiency states	1	21	3	—
290	A 65	Pernicious and other hyperchromic anaemia	—	9	4	—
291	A 65	Iron deficiency anaemias ...	3	106	5	1
292,293	A 65	Other anaemias	2	62	9	4
241	A 66	Asthma	1	44	3	2
N.O.S. 240-299	A 66	Other allergic endocrine, metabolic and blood diseases	—	3	—	—
<i>Diseases of Nervous System and Sense Organs</i>						
300-309	A 67	Psychoses	167	100	14	187
310-324,326	A 68	Psychoneuroses and disorders of Personality	—	1	—	—
325	A 69	Mental deficiency	—	—	—	—
330-334	A 70	Vascular lesions affecting central nervous system	—	3	—	—
340	A 71	Meningitis (except meningococcal and tuberculous)	—	10	4	—
345	A 72	Multiple sclerosis	—	—	—	—
353	A 73	Epilepsy	—	3	—	1
370-379	A 74	Inflammatory diseases of eye ...	—	23	5	—
385	A 75	Cataract	—	27	—	2
387	A 76	Glaucoma	—	1	—	—
390	A 77	Otitis externa	—	1	—	—
391-393	A 77	Otitis media and mastoiditis ...	1	11	—	—
394	A 77	Other inflammatory diseases of ear	—	3	—	—
N.O.S. 341-369	A 78	All other diseases of nervous sy- stem, sense organs and auditory system	1	18	—	—
395-398						
N.O.S. 380-389	A 78	All other diseases and conditions of eye	—	10	—	—
Carried forward ...			354	1,845	114	520

Code	List No.	Diseases	Remaining in Hospital at end of Dec. 1954	Total cases	Deaths	Remaining in Hospital at end of Dec. 1955	
		Brought forward	...	354	1,845	114	520
Circulatory Diseases							
400-402	A 79	Rheumatic Fever	—	2	—	—	
410-416	A 80	Chronic rheumatic heart disease ...	—	1	—	—	
420-422	A 81	Arteriosclerotic and degenerative heart disease	—	1	1	—	
430-434	A 82	Other diseases of heart	1	80	15	5	
440-443	A 83	Hypertension with heart disease ...	1	4	1	1	
444-447	A 84	Hypertension without mention of heart	—	3	—	—	
450-456	A 85	Diseases of arteries	—	2	—	—	
460-468	A 86	Other diseases of circulatory sy- stem	2	24	—	1	
Respiratory Diseases							
470-475	A 87	Acute upper respiratory infections	—	15	1	—	
480-483	A 88	Influenza	2	5	2	1	
490	A 89	Lobar pneumonia	4	414	16	12	
491	A 90	Bronchopneumonia	3	117	10	5	
492,493	A 91	Primary atypical, other and un- specified pneumonia	—	31	—	1	
500	A 92	Acute bronchitis	1	132	1	4	
501,502	A 93	Bronchitis, chronic and unqualified	1	4	—	1	
510	A 94	Hypertrophy of tonsils and ade- noids	1	23	—	2	
518,521	A 95	Empyema and abscess of lung ...	—	1	—	1	
519	A 96	Pleurisy	—	11	—	—	
523	A 97	Pneumoconiosis	—	1	—	—	
N.O.S. 511-527	A 97	All other respiratory diseases ...	—	19	—	2	
Alimentary Diseases							
530	A 98	Dental Caries	—	2	—	—	
531-535	A 98	All other diseases of teeth and sup- porting structures	—	26	—	—	
540	A 99	Ulcer of stomach	1	14	1	1	
541	A 100	Ulcer of duodenum	—	5	1	—	
543	A 101	Gastritis and duodenitis	—	16	1	—	
550-553	A 102	Appendicitis	2	10	—	1	
560,561,570	A 103	Intestinal obstruction and hernia	8	379	26	11	
571.0	A 104	Gastro-enteritis and colitis bet- ween 4 weeks and 2 years ...	—	9	1	—	
571.1	A 104	Gastro-enteritis and colitis, ages 2 years and over	—	94	2	2	
572	A 104	Chronic enteritis and ulcerative colitis	—	2	—	—	
581	A 105	Cirrhosis of liver	2	7	—	—	
584,585	A 106	Cholelithiasis and Cholecystitis ...	—	4	—	—	
536-587	A 107	Other diseases of digestive system	6	135	8	6	
Genito-Urinary Diseases							
590	A 108	Acute nephritis	—	7	1	—	
591-594	A 109	Chronic, other and unspecified nephritis	—	11	2	1	
600	A 110	Infections of kidney	—	—	—	—	
602,604	A 111	Calculi of urinary system	2	12	—	—	
610	A 112	Hyperplasia of prostate	—	3	—	—	
620,621	A 113	Diseases of breast	—	11	—	—	
613	A 114	Hydrocele	1	155	1	8	
634	A 114	Disorder of menstruation	—	5	1	—	
Carried forward			...	392	3,642	206	586

Code	List No.	Diseases	Remaining in Hospital at end of Dec. 1954	Total cases	Deaths	Remaining in Hospital at end of Dec. 1955
		Brought forward ...	392	3,642	206	586
N.O.S. 601-617	A 114	Other diseases of genito-urinary system and male genital organs	5	197	2	8
N.O.S. 622-637	A 114	Other diseases of uterus and female genital organs	—	114	3	3
		<i>Diseases of Pregnancy Puerperium</i>				
640-641,681 682,684	A 115	Sepsis of pregnancy, childbirth and the puerperium	—	3	1	—
642,652, 685,686	A 116	Toxaemias of pregnancy and the puerperium	—	13	1	—
643,644	A 117	Haemorrhage of pregnancy and childbirth	—	9	2	—
650	A 118	Abortion without mention of sepsis or toxaemia	1	51	—	1
650	A 119	Abortion with sepsis	—	3	—	—
660	A 120	Delivery without complication ...	—	947	1	4
N.O.S. 645-689	A 120	Other complications of pregnancy, childbirth and puerperium ...	1	47	6	—
		<i>Skin and Musculo-Skeletal Diseases</i>				
690-689	A 121	Infections of skin and subcuta- neous tissue	11	280	—	7
720-725	A 122	Arthritis and spondylitis ...	2	59	1	1
726,727	A 123	Muscular rheumatism and rheuma- tism unspecified	—	7	—	—
730	A 124	Osteomyelitis and periostitis ...	—	9	—	—
737,745,749	A 125	Ankylosis and acquired musculo- skeletal deformities	—	16	—	—
715	A 126	Chronic ulcer of skin	13	245	5	5
700-714,716	A 126	All other diseases of skin ...	2	58	—	4
731-736, 738-744	A 126	All other diseases of musculo- skeletal system	—	189	—	8
751	A 127	Speina bifida and meningocele ...	—	—	—	—
754	A 128	Congenital malformations of circu- latory system	—	—	—	—
N.O.S. 750-759	A 129	Other congenital malformations ...	1	—	—	—
		<i>Diseases of Newborn</i>				
760-761	A 130	Birth injuries	—	—	—	—
762	A 131	Postnatal asphyxia and atelectasis	—	—	—	—
764	A 132	Diarrhoea of newborn (under 4 weeks)	—	1	—	—
765	A 132	Ophthalmia neonatorum	—	—	—	—
763,766,768	A 132	Other infections of newborn ...	—	—	—	—
770	A 133	Haemolytic disease of newborn ...	—	—	—	—
769,771,772	A 134	All other defined diseases of early infancy	—	—	—	—
773,776	A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	—	4	2	—
		<i>Ill-Defined Diseases</i>				
794	A 136	Senility without mention of Psy- chosis	1	121	70	151
788.8	A 137	Pyrexia of unknown origin ...	1	149	5	5
793	A 137	Observation, without need for further medical care	—	56	—	5
N.O.S. 780-795	A 137	All other ill-defined causes of mor- bidity	—	22	6	—
		Carried forward ...	430	6,242	311	788

Code	List No.	Diseases	Remaining in Hospital at end of Dec. 1954	Total cases	Deaths	Remaining in Hospital at end of Dec. 1955
		Brought forward ...	430	6,242	311	788
N800-N804	AN 138	Fracture of skull ...	—	10	1	1
N805-N809	AN 139	Fracture of spine and trunk ...	6	30	4	2
N810-N829	AN 140	Fracture of limbs ...	3	112	—	6
N830-N839	AN 141	Dislocation without fracture ...	1	12	1	2
N840-N848	AN 142	Sprains and strains of joints and adjacent muscle ...	—	26	—	2
N850-N856	AN 143	Head injury (excluding fracture)	—	21	1	4
N860-N869	AB 144	Internal injury of chest, abdomen, and pelvis ...	—	6	2	—
N870-N908	AN 145	Laceration and open wounds ...	2	152	—	4
N910-N929	AN 146	Superficial injury, contusion and crushing with intact skin surface	3	77	1	6
N930-N936	AN 147	Effects of foreign body entering through orifice ...	1	2	1	—
N940-N949	AN 148	Burns ...	2	48	12	2
N960-N979	AN 149	Effects of poisons ...	1	29	2	2
N950-N959	AN 150	All other and unspecified effects of external causes ...	4	578	89	76
Total ...			453	7,345	425	895

N.O.S. means "Not Otherwise Specified", i.e. N.O.S. 102-108 means all other diseases included between these numbers in the International Classification to be entered in this line if not otherwise specified in any line elsewhere.

RETURN OF DISEASES, OUT-PATIENTS

Infectious and Parasitic Diseases

Code	Diseases							
001-008	Respiratory Tuberculosis	...	...	...	...	...	...	300
010-019	Other Tuberculosis	...	...	...	...	...	...	18
020-029	Syphilis	...	...	...	...	...	...	671
030-035	Gonorrhoea	...	...	...	...	...	...	1,813
036-039	Other Venereal Diseases	...	...	...	...	...	...	217
045	Bacillary Dysentery	...	...	...	...	...	...	375
046	Amoebic Dysentery	...	...	...	...	...	...	160
055	Diphtheria	...	...	...	...	...	...	13
056	Whooping Cough	...	...	...	...	...	...	122
057,340	Meningitis (Excluding Tuberculosis)	...	...	...	...	...	...	—
058	Plague	...	...	...	...	...	...	—
060	Leprosy	...	...	...	...	...	...	22
061	Tetanus	...	...	...	...	...	...	3
062	Anthrax	...	...	...	...	...	...	1
071	Relapsing Fever	...	...	...	...	...	...	—
073	Yaws	...	...	...	...	...	...	8,197
080	Acute Poliomyelitis	...	...	...	...	...	...	5
084	Variola major	...	...	...	...	...	...	—
084	Variola minor	...	...	...	...	...	...	2
085	Measles	...	...	...	...	...	...	274
086	Rubella	...	...	...	...	...	...	—
087	Chicken Pox	...	...	...	...	...	...	374
089	Mumps	...	...	...	...	...	...	142
092	Infectious Hepatitis	...	...	...	...	...	...	141
095	Trachoma	...	...	...	...	...	...	14
110	B.T. Malaria	...	...	...	...	...	...	2,523
111	Qt. Malaria	...	...	...	...	...	...	1,123
112	S.T. Malaria	...	...	...	...	...	...	5,087
113-117	Other forms of Malaria	...	...	...	...	...	...	10,106
115	Blackwater	...	...	...	...	...	...	—
121	Trypanosomiasis	...	...	...	...	...	...	—
123.0	Schistosomiasis (haematobium)	...	...	...	...	...	...	1,602
123.1	Schistosomiasis (mansoni)	...	...	...	...	...	...	151
126	Tapeworm	...	...	...	...	...	...	42
127	Onchocerciasis	...	...	...	...	...	...	104
129	Ankylostomiasis	...	...	...	...	...	...	9,716
130.0	Ascariasis	...	...	...	...	...	...	560
131	Tinea	...	...	...	...	...	...	274
135	Scabies	...	...	...	...	...	...	7,642
N.O.S.								
036-138	Other infective and parasitic diseases	...	...	...	...	...	...	350

New Growths

140-205	Malignant Neoplasms	...	...	...	...	...	...	41
210-239	Benign and other Neoplasms	...	...	...	...	...	...	356

Allergic, Metabolic and Blood Diseases

241	Asthma	...	...	...	...	...	...	743
286.6	Kwashiorkor	...	...	...	...	...	...	—
290-293	Anaemia	...	...	...	...	...	...	7,994
N.O.S.								
240-299	Other allergic, endocrine, metabolic and nutritional diseases	...	...	...	...	...	...	1,054

Diseases of Nervous System and Sense Organs

300-326	Mental Disorder	...	...	...	...	...	...	9
353	Epilepsy	...	...	...	...	...	...	3

Carried forward ... 62,344

Code	Diseases							
					Brought forward	...	62,344	
N.O.S.								
330-369	Other diseases of the nervous system and sense organs 972							
370	Conjunctivitis and Ophthalmia 3,000							
373	Stye 98							
389	Blindness 13							
N.O.S.								
371-388	Other diseases of eye (not trachoma) 979							
390-398	Diseases of ear and mastoid process 3,434							
	<i>Circulatory Diseases</i>							
400-447	Diseases of the Heart 167							
450-468	Other Circulatory diseases 458							
	<i>Respiratory Diseases</i>							
490-493	Pneumonia 1,001							
N.O.S.	Other diseases of the respiratory system (including coryza,							
470-527	pharyngitis and bronchitis) 22,159							
	<i>Alimentary Diseases</i>							
530	Dental caries 6,716							
538	Stomatitis and other diseases of the buccal cavity 1,596							
560-561,570	Intestinal obstruction and hernia 613							
571.0	Gastroenteritis under 2 years 1,282							
571.1	Gastroenteritis over 2 years 2,289							
N.O.S.								
537-587	Other Diseases of Digestive System 10,594							
	<i>Genito-Urinary Diseases</i>							
613	Hydrocele 656							
N.O.S.								
590-617	Other diseases of genito-urinary system and male genital organs 2,415							
636	Sterility (female) 161							
N.O.S.								
620-637	Other diseases of uterus and female genital organs 1,090							
—	Normal pregnancy 2,721							
650-652	Abortion 104							
N.O.S.								
640-689	Other diseases of childbirth 85							
	<i>Skin and Musculo-Skeletal Diseases</i>							
690-698	Boils, and infection of skin and subcutaneous tissue 8,350							
715	Chronic ulcers 10,146							
N.O.S.								
700-716	Other diseases of the skin 4,563							
720-759	Diseases of bones, joints, muscles and malformation 5,284							
	<i>Ill-Defined Diseases and Injuries</i>							
760-776	Neonatal diseases 558							
788.8	Pyrexia of unknown origin 2,755							
N.O.S.								
780.795	All other ill-defined causes of morbidity 3,860							
N800-N839	Fractures and dislocations 160							
N840-N848	Sprains 951							
N930-N936	Foreign bodies 273							
N940-N949	Burns and Scalds 671							
N960-N979	Poisoning 24							
N.O.S.								
N.850-N999	Other injuries and wounds 11,452							
Y00-Y18	Examination 536							
					Total	...	174,530	
					Re-attendance	...	262,452	
					Grand Total	...	436,982	

